# Type or print in ink. Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Alliance for a Better California, educators, firefighters, school employees, health care givers and labor organizations  AREA CODE/PHONE NUMBER (916)443-7817  I.D. NUMBER (if applicable) 1273998  STREET ADDRESS				Date of This Fil Report  Ame to Report (explain be	NoLIE-1062 ndment	Date Stamp Page 1 of 6	CALIFO FOR	CALIFORNIA 496 FORM For Official Use Only		
CITY Sacramento		STATE CA	ZIP CODE 95814		No. of F	Pages6				
-	andidate or Ballot Meas	ure		·				·		
NAME OF CANDIDATI	E SUPPORTED OR OPPOSED						nent. Initiative Constitutional A			
OFFICE SOUGHT OR	OFFICE SOUGHT OR HELD/DISTRICT NO.  SUPPORT OPPOSE  BALLOT NO./LETTER JURISDICTION  Statewide						SUPPORT OF		OPPOSE X	
2. Independent Ex	penditures Made Atta	ch additional info	mation on appi	ropriately labe	eled continu	uation sheets.				
DATE			DE	SCRIPTION C	F EXPEND	TURE			AMOUNT	
10/22/2005	Translation Services							\$9.92		
10/22/2005	Office Expenses							\$3.03		
10/22/2005	Food for Volunteers							\$2.64		
10/22/2005	Staff Expenss							\$4.59		
10/22/2005	Office Expenses							\$7.39		

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LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Alliance for a Better California, educators, firefighters, school employees, health care givers and labor organizations					ing11/01/2005	Date Stamp	CALIFORI FORM	NIA /	<b>196</b>
AREA CODE/PHONE NUMBER (if applicable) (916)443-7817 1273998			e)	<b>Report No.</b> LIE-1062 Page 2 of 6			For Official Use Only		
STREET ADDRESS					ndment ort No				
CITY Sacramento			(explain below)  No. of Pages6						
1. List Only One C	Candidate or Ballot Measure		·				·		
NAME OF CANDIDAT	TE SUPPORTED OR OPPOSED					RE SUPPORTED OR OPPOSED ment. Initiative Constitutional A			
OFFICE SOUGHT OR	OFFICE SOUGHT OR HELD/DISTRICT NO. SUPPORT OPPOSE					JURISDICTION Statewide	S	SUPPORT	OPPOSE X
2. Independent Ex	cpenditures Made Attach addition	onal information on app	ropriately lab	eled continu	ation sheets.				
DATE		DE	SCRIPTION C	F EXPENDI	TURE			AMOUNT	
10/22/2005	Food for Volunteers						\$20.08		
10/22/2005	Food for Volunteers						\$5.25		
10/22/2005	Food for Volunteers						\$6.71		
10/22/2005	Staff Expenses						\$23.87		
10/22/2005	Office Expenses						\$4.48		

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LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Alliance for a Better California, educators, firefighters, school employees, health care givers and labor organizations  AREA CODE/PHONE NUMBER (916)443-7817  I.D. NUMBER (if applicable) 1273998  STREET ADDRESS  CITY STATE ZIP CODE Sacramento CA 95814				Date of This Filing11/01/2005  Report No  Amendment to Report No (explain below)  No. of Pages6				Date Stamp  CALIFORNIA FORM  For Official  Page 3 of 6				490	
-	andidate or Ballot Measus supported or opposed	ure	SUPPORT	OPPOSE		NAME OF Propositio		onment. Ini	PORTED OR OPP tiative Constitution URISDICTION tatewide		nent	SUPPORT	OPPOSE X
2. Independent Exp	penditures Made Attac	ch additional info	rmation on appr	opriately labe	eled continu	uation sheet	S.						
DATE			DE	SCRIPTION C	F EXPENDI	ITURE						AMOUNT	
10/22/2005	Office Expenses										\$9.20		
10/22/2005	Staff Expenses										\$4.79		
10/22/2005	Office Expenses										\$13.11		
10/22/2005	Office Expenses										\$16.54		
10/22/2005	Office Expenses										\$128.18		

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LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Alliance for a Better California, educators, firefighters, school employees, health care givers and labor organizations  AREA CODE/PHONE NUMBER (916)443-7817  L.D. NUMBER (if applicable) 1273998  STREET ADDRESS  CITY STATE CIP CODE Sacramento CA 95814					Date of This Filing11/01/2005  Report NoLIE-1062  Amendment to Report No(explain below)  No. of Pages6				Date Stamp  CALIFORNIA FORM  For Official Use Only  Page 4 of 6				<b>196</b> Only
_	andidate or Ballot Measu SUPPORTED OR OPPOSED HELD/DISTRICT NO.	ure	SUPPORT	OPPOSE			n 77. Reapportio	onment. Initi	DRTED OR OPPO ative Constitution RISDICTION atewide			SUPPORT	OPPOSE X
2. Independent Exp	penditures Made Attac	ch additional info	rmation on appr	opriately labe	eled continu	uation sheets	5.	I			l .		
DATE			DE	SCRIPTION O	F EXPENDI	ITURE						AMOUNT	
10/22/2005	Office Expenses									\$9	9.35		
10/22/2005	Office Expenses									\$1	13.01		
10/22/2005	Office Expenses									\$8	3.62		
10/22/2005	Office Expenses									\$5	5.26		
10/22/2005	Office Expenses									\$2	2.66		

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NAME OF FILER Alliance for a Better California, educators, firefighters, school employees, health care givers and labor organizations					Date of This Fil		Date Stamp	CALIFO		196
AREA CODE/PHONE NUM (916)443-7817	BER	I.D. NUM 1273998	. NUMBER (if applicable) 73998		Report	<b>No.</b> LIE-1062	D 5 66	For Official Use Only		
STREET ADDRESS					to Repo	ndment ort No	Page 5 of 6			
CITY Sacramento		STATE CA	ZIP CODE 95814		(explain be	,				
1. List Only One C	andidate or Ballot Measu	ure		'						
NAME OF CANDIDAT	E SUPPORTED OR OPPOSED						RE SUPPORTED OR OPPOSED ment. Initiative Constitutional Ar	nendment		
OFFICE SOUGHT OR	HELD/DISTRICT NO.		SUPPORT	OPPOSE		BALLOT NO./LETTER 77	JURISDICTION Statewide		SUPPORT	OPPOSE X
2. Independent Ex	penditures Made Attac	ch additional info	ormation on app	ropriately labe	eled continu	uation sheets.				
DATE			DE	SCRIPTION C	F EXPENDI	TURE			AMOUNT	
10/22/2005	Staff Expenses							\$3.06		
10/22/2005	Office Expenses							\$16.45		
10/22/2005	Office Expenses							\$35.86		

CALIFORNIA FORM

	*
NAME OF FILER	I.D. NUMBER (If applicable)

3. Contributions of \$100 or More Received*										
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE**	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	INTEREST RATES					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			If loan, enter interest rate, if any					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			If loan, enter interest rate, if any					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			If loan, enter interest rate, if any					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			If loan, enter interest rate, if any					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			If loan, enter interest rate, if any					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			If loan, enter interest rate, if any					

\*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3. \*\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party SCC - Small Contributor Committee

FPPC Form 496 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC